

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE	
						09/620586		
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1		1	
2			1		1		1	
3			1		1		1	
4			1		1		1	
5	2		2		2		2	
6	2		2		2		2	
7	2		2		2		2	
8			1		1		1	
9			1		1		1	
10			1		1		1	
11			1		1		1	
12			1		1		1	
13			1		1		1	
14			1		1		1	
15			1		1		1	
16			1		1		1	
17							1	
18			1		1		1	
19			1		1		1	
20		1	1		1		1	
21	2		2		2		2	
22			1		1		1	
23	1		1		1		1	
24							1	
25							1	
26	1		1		1		1	
27	1		1		1		1	
28			1		1		1	
29			1		1		1	
30			1		1		1	
31	1		1		1		1	
32			1		1		1	
33	1		1		1		1	
34							1	
35							1	
36	1		1		1		1	
37	1		1		1		1	
38	1		1		1		1	
39	1		1		1		1	
40							1	
41							1	
42	1		1		1		1	
43							1	
44	1		1		1		1	
45	1		1		1		1	
46	1		1		1		1	
47	1		1		1		1	
48	1		1		1		1	
49	1		1		1		1	
50	1		1		1		1	
TOTAL IND.							4	
TOTAL DEP.							526	
TOTAL CLAIMS							56	